

Case Number:	CM15-0209813		
Date Assigned:	10/28/2015	Date of Injury:	05/09/2014
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a year old female, who sustained an industrial injury on May 9, 2014, incurring neck and shoulder injuries. Magnetic Resonance Imaging of the cervical spine revealed severe spinal stenosis. She was diagnosed with cervical stenosis, cervical degenerative disc disease, and myelomalacia of the cervical spinal cord. Treatment included anti-inflammatory drugs, sleep aides, splinting of her hand, occupational therapy, and modified work activities. Currently, the injured worker complained persistent pain in her neck, shoulders arms and hands. She noted decreased range of motion in her neck, shoulders and upper extremities. She was diagnosed with carpal tunnel and nerve entrapment of the wrists and elbows and tenosynovitis of the left and right thumb. She underwent cortisone injections for the right upper extremity. The continued upper back and cervical spine pain interfered with her activities of daily living. The treatment plan that was requested for authorization included a cervical epidural steroid injection. On October 12, 2015, a request for a cervical epidural steroid injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

C4-5, C5-6 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to CA MTUS Guidelines, before a cervical epidural steroid injection (ESI) can be recommended, a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records submitted do not establish clinical findings on physical exam consistent with objective focal neurologic deficits in a dermatomal or myotomal pattern that causes concern for neural compromise or radiculopathy originating in the cervical spine. In addition, the physical exam shows no motor or sensory deficits and reflexes are normal. Therefore, the criteria for ESI are not met and the request is not medically necessary or appropriate.